

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

ED VS NOV 9 1960

-60-039337

DED

Registration District No. 291

Primary Registration District No. 4453

Registrar's No. 67

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Putman		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Sullivan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unionville		c. CITY OR TOWN Pollock	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b 1 week		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Berlie Dell Roseberry		4. DATE OF DEATH Month Day Year 10 28 1960	
5. SEX Fm	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-2-1864
9. AGE (last birthday) 76		IF UNDER 1 YEAR Months Days Hours Min. 3 26	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY Pollock - Mo	
11. BIRTHPLACE (City and state or country) Pollock - Mo		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME James Stanley		13b. MOTHER'S MAIDEN NAME Amanda Jane Price	
14. NAME OF HUSBAND OR WIFE John W. Roseberry		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 111		17. INFORMANT Basil Sinclair-Pollock, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure DUE TO (b) Chronic degenerative DUE TO (c) Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 2 weeks years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Had coronary occlusion 1936		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION June 6 - 1954 Oct 25 - 60		COUNTY STATE	
21. I attended the deceased from Death occurred at 6 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Chas L. Judd MD	
22b. ADDRESS Unionville Mo		22c. DATE SIGNED 10-28-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-30-60	
23c. NAME OF CEMETERY OR CREMATORY Pollock Cem.		23d. LOCATION (City, town, or county) Pollock - Mo	
24. FUNERAL DIRECTOR Dorothy Schaefer		25. DATE RECD. BY LOCAL REG. Nov 3, 1960	
26. REGISTRAR'S SIGNATURE Marvell Durbin			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Dwight Schaefer

Licensed Embalmer No. 2667

P. O. Address Milwaukee - W

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.